Docket No.: 884B.0003.U1(US)

# DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## A System or Method for Assessing a Subject's Peripheral Blood Circulation

the specificati	on of which:						
(check one)	is attached hereto.						
	was filed on as U.S. Application Serial No., and was amended of (if applicable).						
·	PCT/GB2005/000  as amende  as amende	and claimed in PCT I 051 filed on January 10, 2 d under PCT Article 19 or d under PCT Article 34 a nal Preliminary Examinati	2005 and ns s published i	(if an n the Annex(	y) and/or		
I hereby state including the	that I have reviewed and claims, as amended by	l understand the contents of any amendment referred t	of the above-i to above.	dentified spec	ification		
I acknowledge me to be mat Regulations,	erial to the patentabilit	the U.S. Patent and Trader y of this application as d	mark Office a efined in Titl	Il information le 37, Code o	known to		
application(s) foreign applic	for patent or inventor's	fits under Title 35, United certificate(s) listed below nventor's certificate(s) handled:	v and have als	so identified t	elow any		
Prior Foreign	Application(s)	·	Priority	Claimed			
0400281.2 (Number)	Great Britain (Country)	8 January 2004 (Day/Mon/Year Filed)	X Yes	No			

I hereby claim the benefit under Title 35, United States Code, §119(e) of the United States provisional patent application(s) listed below:

(Application Serial No.) (Filing Date)

I hereby claim benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.) (Filing Date) (Status)

POWER OF ATTORNEY: As a named inventor I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith:

All attorneys associated with Customer No.: 29,683

#### SEND CORRESPONDENCE TO:

#### Customer No. 29,683

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(1)FULL NAME

LAST NAME

FIRST NAME

MIDDLE NAME

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Date

16/10/06

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Executor to Estate

22/11/06.

OS PR Smith

PTO/SB/2LR (04-05)
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### **DECLARATION Supplemental Sheet** For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor

Enter Deceased or incapacitated inventor's Name Pe	eter	Richard	SMITH	Page 1 of 1		
Name of Legal Representative:	Ape	etition has been	filed for this non-eigning	legal representative		
Given Name (first and middle (if any))			ne or Surname			
JENNETTE MANY-TH	ere:		SMITH	· · · · · · · · · · · · · · · · · · ·		
Legal Representative's Signature			<u> </u>	Date 16 10 00		
Residence: City LEICESTER	State	)	Country UK	Citizenship		
Mailing Address 4, BATSONS CO		***************************************	ROAD, GR	LIFFYDAM		
Mailing Address LEGT	81	+×				
City		State	Zip	Country		
Name of Additional Legal Representative, if an	A petition has been filed for this non-signing legal representative					
Given Name (first and middle (if any))	Family Name or Surname					
Terry Anthon	Simoson					
Legal Representative's Signature		Cexe	ventor o	es Estate)		
Residence: City	State		Country U	Citizenship		
Mailing Address & Herrick	6	5-2				
Mailing Address 22000 owse	<u> </u>	سعم				
City Languages	State	}	ZIP LE1286	Country W/C		
Name of Additional Legal Representative, If any:						
Given Name (first and middle (if any))	Family Name or Sumame					
egal Representative's Signature		Date				
Residence: City	State		Country	Citizenship		
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This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chlef Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.